

**BOBBY L. RUSH**

1ST DISTRICT, ILLINOIS



WASHINGTON:

2188 RAYBURN HOUSE OFFICE BUILDING  
WASHINGTON, DC 20515-1301

CHICAGO:

11750 SOUTH WESTERN AVENUE  
CHICAGO, IL 60643-4732

RUSH.HOUSE.GOV

**COMMITTEE ON ENERGY AND COMMERCE**

SUBCOMMITTEES:

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CONSUMER PROTECTION AND COMMERCE  
HEALTH

**CONGRESS OF THE UNITED STATES**  
**HOUSE OF REPRESENTATIVES**  
WASHINGTON, D.C. 20515

April 7, 2020

The Honorable Alex Azar  
Secretary  
U.S. Department of Health and Human Services  
200 Independence Avenue SW  
Washington, DC 20201-0004

Dear Secretary Azar:

As individuals around the country fight the SARS-CoV-2 virus and the resulting illness (COVID-19), I am writing to you today to express my concerns about the disproportionate impact on communities of color. As of April 4, 2020, out of the 86 recorded deaths in my hometown of Chicago, 61 were black residents.<sup>1</sup> Less than 30 percent of Chicago's population is black, and yet this population makes up 70 percent of those who have succumbed to this disease.<sup>2</sup> Moreover, the latest statistics from the Cook County Medical Examiner's Office and the Chicago Department of Public Health found that "black Chicagoans are dying at a rate of nearly six times greater than white residents."<sup>3</sup>

While these statistics are shocking, they are *not* a coincidence, and this situation is, unfortunately, all too predictable. According to an article published in *ProPublica* last week, "Environmental, economic and political factors have compounded for generations, putting black people at higher risk of chronic conditions that leave lungs weak and immune systems vulnerable: asthma, heart disease, hypertension and diabetes."<sup>4</sup> Furthermore, African-Americans are more likely to have jobs that have been deemed "essential" — including those in industries such as health care, transportation, government, and food supply — making it impossible for them to stay home.<sup>5</sup>

It is my understanding that during outbreaks, the U.S. Centers for Disease Control and Prevention (CDC) typically tracks and publishes demographic information, including the age, race, and location of those impacted. Yet, so far, the CDC has not given any indication on whether it is even currently

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<sup>1</sup> Zamudio, Maria Ines, and Elliott Ines Ramos. "In Chicago, 70% of COVID-19 Deaths Are Black." WBEZ News. WBEZ 91.5 Chicago, April 5, 2020. <https://www.wbez.org/shows/wbez-news/in-chicago-70-of-covid19-deaths-are-black/dd3f295f-445e-4e38-b37f-a1503782b507>.

<sup>2</sup> Ibid.

<sup>3</sup> Reyes, Cecilia, Nausheen Husain, Christy Gutowski, Stacy St. Clair, Gregory Pratt, and Eric Krol. "Chicago's Coronavirus Disparity: Black Chicagoans Are Dying at Nearly Six Times the Rate of White Residents, Data Show." Chicago Tribune, April 7, 2020. <https://www.chicagotribune.com/coronavirus/ct-coronavirus-chicago-coronavirus-deaths-demographics-lightfoot-20200406-77nlylhiavgjzb2wa4ckivh7mu-story.html>.

<sup>4</sup> Johnson, Akilah, and Talia Buford. "Early Data Shows African Americans Have Contracted and Died of Coronavirus at an Alarming Rate." ProPublica, April 3, 2020. <https://www.propublica.org/article/early-data-shows-african-americans-have-contracted-and-died-of-coronavirus-at-an-alarming-rate>.

<sup>5</sup> Ibid.

collecting data on race.<sup>6</sup> While I am pleased that Illinois and North Carolina are publishing this vital data, this data must be collected at the federal level — in conjunction with states and localities — to ensure that there are no gaps.

It is also troubling that the CDC is not collecting or publishing data on gender. According to the *New York Times*, health experts expect “men and women are likely to have fundamentally different reactions to the virus, vaccines and treatment.”<sup>7</sup>

This lack of data fundamentally matters, for both gender and race, as our scientists race to develop treatments and a vaccine. Throughout history, it has been unfortunate that access to clinical trials has been conspicuously unavailable to members of the African-American community and to women.

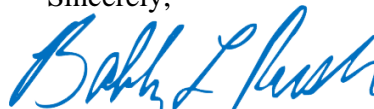
The lack of access to clinical trials is a double-edged sword. Overlooked groups are unable to receive access to advanced clinical trials for medicine that could ultimately save their lives, and simultaneously, pharmaceutical companies and researchers miss out on critical data from an entire subset of the population, which means that we have no way of knowing how these drugs will ultimately work for these demographics, if at all. That is unacceptable, irresponsible, and frankly dangerous. It is critical that as the NIH develops — and the FDA reviews — potential treatments and vaccines for the coronavirus, all demographics are included. I, therefore, urge you to ensure this is the case.

Finally, I understand that it will take time to scale up production of treatments and vaccines, once they are developed. Where possible, I urge you to prioritize hot spots and medically underserved areas when determining distribution, as these areas will need access to tests and treatments as quickly as possible.

In conclusion, as we seek to understand and fight the SARS-CoV-2 virus, I urge you to do everything in your power to ensure that the data, clinical trials, and access to vaccines and treatments includes African-American communities. It is important that this population is not — once again — overlooked. The data we collect must be publicly available and the clinical trials and resulting scientific advancement must not leave anyone behind.

Thank you for the consideration of these requests. Should you or your staff have any questions, please do not hesitate to contact me.

Sincerely,



Bobby L. Rush  
Member of Congress

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<sup>6</sup> Ibid.

<sup>7</sup> Gupta, Alisha Haridasani. “Does Covid-19 Hit Women and Men Differently? U.S. Isn't Keeping Track.” The New York Times. The New York Times, April 3, 2020. <https://www.nytimes.com/2020/04/03/us/coronavirus-male-female-data-bias.html?auth=login-email&login=email>.

cc:

The Honorable Robert R. Redfield  
Director, Centers for Disease Control and Prevention

The Honorable Stephen M. Hahn  
Commissioner, Food and Drug Administration

The Honorable Francis S. Collins  
Director, National Institutes of Health